



CHILD'S NAME:  _____	CASE NUMBER:  
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4. Appellant is the

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| <p>a. <input type="checkbox"/> Child</p> <p>b. <input type="checkbox"/> Mother</p> <p>c. <input type="checkbox"/> Father</p> <p>d. <input type="checkbox"/> Guardian</p> | <p>e. <input type="checkbox"/> De facto parent</p> <p>f. <input type="checkbox"/> County welfare department</p> <p>g. <input type="checkbox"/> District attorney</p> <p>h. <input type="checkbox"/> Other (state relationship to child or interest in the case):</p> |
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5. The order appealed from was made under

- a. ☐ Civil Code section 232  
     Dates of hearing (specify):
- b. ☐ Welfare and Institutions Code section (check all that apply):
- (1) ☐ **360** (declaration of dependency)    ☐ Removal of custody from parent or guardian    ☐ Other orders  
     ☐ with review of 300 jurisdictional findings  
     Dates of hearing (specify):
- (2) ☐ **366.26** (selection and implementation of permanent plan)  
     ☐ Termination of parental rights    ☐ Appointment of guardian    ☐ Long-term foster care  
     Dates of hearing (specify):
- (3) ☐ Other appealable orders relating to dependency (specify):  
     Dates of hearing (specify):
- (4) ☐ **725** (declaration of wardship and other orders)  
     ☐ with review of 601 jurisdictional findings  
     ☐ with review of 602 jurisdictional findings  
     Dates of hearing (specify):
- (5) ☐ Other appealable orders relating to wardship (specify):  
     Dates of hearing (specify):
- (6) ☐ Other (specify):